

# Nevada Medicaid and Nevada Check Up News



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## *Inside This Issue:*

- 2 [Attention Institutional Providers: Medicaid Estate Recovery Information Online](#)
- 2 [Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2019](#)
- 3 [Revalidation Reminder for All Providers](#)
- 3 [Resources Available to Providers Regarding Paperless Processes](#)
- 3 [Reminder: Refer to the Modernization Project Webpage for Continuing Updates](#)
- 3 [Contact Information](#)

## Reminder for All Providers: Nevada Medicaid Is Now Paperless!

With the implementation of the new Medicaid Management Information System (MMIS) on February 1, 2019, Nevada Medicaid's processes became paperless. As part of this paperless initiative, all providers, including their outsourced billing agencies and vendors, must:

- Submit provider enrollment applications electronically via the Online Provider Enrollment (OPE) tool
- Enroll in Electronic Funds Transfer (EFT)
- Obtain and use a National Provider Identifier (NPI), instead of an Atypical Provider Identifier (API)
- Submit all prior authorizations via the Provider Web Portal
- Submit all claims electronically using Direct Data Entry (DDE) through the secure Provider Web Portal or use an approved Trading Partner
- Submit claim appeals, adjustments and void requests electronically through Secure Correspondence on the Provider Web Portal

Additional information and reminders about the paperless initiative can be found by reviewing the following web announcements and referring to the [Modernization Project](#) webpage:

- [Web Announcement 1834](#): New MMIS is Now Live!
- [Web Announcement 1829](#): Attention Providers Using Outsourced Billing Agencies/Vendors
- [Web Announcement 1801](#): New Instructions for Submitting Claim Adjustment and Void Requests as Paperless Processes Are Implemented
- [Web Announcement 1792](#): Prior Authorization Requests and Related Documents Will Not Be Accepted by Fax or Mail as of January 26, 2019
- [Web Announcement 1791](#): New MMIS is Going Paperless!

## Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$977,956,762.18 in claims during the three-month period of October, November and December 2018. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

## Attention Institutional Providers: Medicaid Estate Recovery Information Online

Per federal regulation, the Medicaid program must seek repayment from the estates of certain deceased Medicaid recipients. This is called the Medicaid Estate Recovery (MER) program. For the most part, repayment only applies to recipients who are 55 or older or who are inpatients of a medical facility. Operators of nursing facilities should be aware that “patient liability” and “patient trust” funds must be released to MER when a recipient expires.

Recovered funds go right back into the Medicaid program to fund services.

For more details on how this program affects providers and recipients, visit [dhcfp.nv.gov](http://dhcfp.nv.gov) and select “Providers” then “Medicaid Estate Recovery.”

## Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2019

The Division of Welfare and Supportive Services (DWSS) is conducting Hospital Presumptive Eligibility training(s) for providers who would like to participate in the Hospital Presumptive Eligibility determination process. The three-day trainings are held on a quarterly basis and are scheduled from 8:30 a.m. to 4:30 p.m. Pacific Time each day. The next three-day training sessions are scheduled for:

Northern Nevada DWSS – Carson City District Office 2533 N. Carson St. Carson City, NV 89706	Southern Nevada DWSS - Southern Professional Development Center 701 N Rancho Rd Las Vegas, NV 89107
<b>May 28-30, 2019</b>	<b>May 28-30, 2019</b>
<b>August 19-21, 2019</b>	<b>August 19-21, 2019</b>
<b>November 12-14, 2019</b>	<b>November 12-14, 2019</b>

**Additional training dates will be published at a later date.**

In an effort to maximize state resources, as training time and space is very limited, it has been requested by DWSS that the minimum requirements be established as follows:

- In order to qualify for Hospital Presumptive Eligibility enrollment training, Addendums and sign-up sheets must be completed, signed by the Hospital Administrator and approved by the Division of Health Care Financing and Policy (DHCFP) 10 business days prior to the date of the requested training. If the 10-day deadline is not met, the provider will need to wait to sign up for the next available training session.
- A minimum of 5 individuals will need to be enrolled in order for the training to be held, not to exceed 18 attendees (Northern Nevada) and 24 attendees (Southern Nevada).
- If the minimum class size cannot be established in either Northern Nevada or Southern Nevada, the provider will have the option of sending their attendees to the location that has the largest attendance. For instance, if there are 3 individuals registered to attend the Northern class and 10 individuals are registered for the Southern class, the training will be held in the South and the provider has the option of sending the attendees from the North to the location in the South or waiting for the next quarterly training.

The Hospital Presumptive Eligibility Provider Addendum and the associated training sign-up sheet can be found on the Provider Enrollment webpage at [www.medicaid.nv.gov](http://www.medicaid.nv.gov). Please ensure all registration information is submitted to [providerenrollment@dhcfp.nv.gov](mailto:providerenrollment@dhcfp.nv.gov) within 10 business days prior to the date of each training session as training space is limited.

Once your registration has been approved, a confirmation email will be sent to you regarding the time and location of the training.

If you have any questions or concerns, please contact DHCFP Provider Enrollment at [providerenrollment@dhcfp.nv.gov](mailto:providerenrollment@dhcfp.nv.gov).

## Revalidation Reminder for All Providers

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years, with the exception of Durable Medical Equipment (DMEPOS) suppliers which must revalidate every three (3) years per 42 CFR 424.57. Nevada Medicaid and Nevada Check Up providers will receive a letter notifying them when to revalidate. Providers who do not revalidate within 60 days of the date on their notification will have their provider contract terminated. Providers may revalidate up to a year in advance of their revalidation due date.

Providers must revalidate online by logging into the Provider Web Portal through the Provider Login (EVS) link and click on the “Revalidate-Update Provider” link on the My Home page.

The Nevada Medicaid Provider Revalidation Report on the [Provider Enrollment](#) webpage lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date.

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## Resources Available to Providers Regarding Paperless Processes

When the Division of Health Care Financing and Policy (DHCFP) implemented the new, modernized Medicaid Management Information System (MMIS) on February 1, 2019, many guides and manuals were updated with new details and instructions to assist providers with using the paperless processes. Providers are encouraged to review the following documents for the latest instructions and reminders:

- [Billing Manual](#) (for all provider types)
- [Billing Guides \(by provider type\)](#)
- [Online Provider Enrollment User Manual](#)
- [Electronic Verification System \(EVS\) User Manual](#)
- [Electronic Claims Companion Guides](#)
- [Nevada Provider Training presentations for Dental, Professional and Institutional Claims](#)

These resources are posted on the Nevada Medicaid website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

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### ***Reminder:***

### ***Refer to the Modernization Project Webpage for Continuing Updates***

The Modernization Project webpage is still available to assist providers with using the new, modernized Medicaid Management Information System (MMIS). The Modernization Project webpage is located on the Nevada Medicaid website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov). To open the webpage, click on the “Modernization Project” link under “Featured Links” on the left-hand side of each page of the website.

This webpage includes Important System Dates all providers need to know, updated Known System Issues and Identified Workarounds, Training Opportunities, Helpful Resources and all Modernization Web Announcements that have been published, in addition to new announcements containing useful information and reminders. The Helpful Resources include Frequently Asked Questions and links to the updated Electronic Verification System (EVS) User Manual and the Companion Guides.

Please refer to the new [Modernization Project webpage](#) often to stay aware of upcoming changes, reminders and details that impact the provider community.

### **Contact Information**

If you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at <http://dhcfp.nv.gov>. Select “Resources” and then select “Telephone Directory” for the telephone number of the Administration Office you would like to contact.